


U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>JOSHUA ADAM SCHULTE</b>		COURT CASE NUMBER <b>20-cv-2795</b>	
DEFENDANT <b>BUREAU OF PRISONS, et al.</b>		TYPE OF PROCESS Summons & Complaint	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>John Barrett</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>FCI Schuylkill, Federal Correctional Institution, P.O. Box 700, Minersville, PA 17954</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Joshua Adam Schulte Reg. No. 79471-054 MCC New York 150 Park Row New York, NY 10007		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney other Originator requesting service on behalf of: <i>S. Harold</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE <b>4/1/2021</b>
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>8</b>	District of Origin No. <b>054</b>	District to Serve No. <b>054</b> Signature of Authorized USMS Deputy or Clerk Date <b>4/1/2021</b>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above) <b>JONATHAN KERR FCI LEGAL</b>		Date <b>6/3/21</b>	Time <b>10 00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee <b>0.00</b>	Total Charges <b>0.00</b> Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)

## REMARKS

**FCI SCHUYLKILL LEGAL ADVISED ELECTRONIC SERVICES**

FILED  
 U.S. DISTRICT COURT  
 2021 JUN 11 AM 11  
 S.D. OF N.Y.